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E-Mail: Sales@cabplastics.com
Web: www.cabplastics.com

Today's Date _____

Order Form

Date Needed _____

Po Number _____

Customer Name _____

Address _____

City _____ State _____ Postal Code _____

Ship Via _____

Attention _____

Ship to _____

City _____ State _____ Postal Code _____

Product _____

Material _____ Thickness _____

Background _____ Letters _____

Height _____ Length _____

Description _____

Copy _____

Special Instructions (check the box if applied)

File	Tape	Holes	Other:
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Method of Payment

Check

C.O.D.

Cash

On Account (once verified)

MasterCard

Visa

American Express

Discover

Card Holder _____

Card Number _____ Expiration Date _____ Security code _____

Signature of Authorization _____

Thank You for giving us the opportunity to serve your needs